

#15000003097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

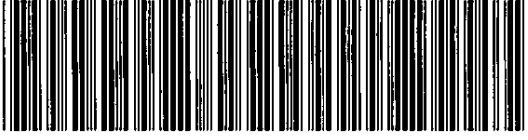
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 16 AM 11:07

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115-41512

CMO 7/16

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lake Michigan Credit Union
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jeremiah Kossen
Name of Person

Lake Michigan Credit Union
Firm/Company

PO Box 2848
Address

Grand Rapids, MI 49501
City/State and Zip Code

members@lmcu.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremiah Kossen at (616) 234-6359
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
LANSING

PATRICK M. MCPHARLIN
DIRECTOR

May 28, 2015

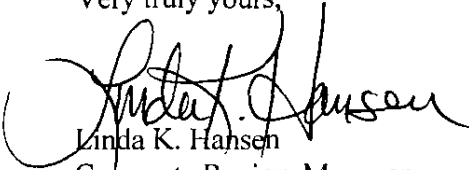
Jeremiah Kossen
Lake Michigan Credit Union
5540 Glenwood Hills Parkway SE
Grand Rapids, MI 49512

Dear Mr. Kossen:

We have enclosed as you requested a certified copy of the Certificate of Organization with amendments for Lake Michigan Credit Union, Grand Rapids.

Please contact me if you have any questions at (517) 284-8822.

Very truly yours,


Linda K. Hansen
Corporate Review Manager

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2015

JEREMIAH KOSSEN
LAKE MICHIGAN CREDIT UNION
P.O. BOX 2848
GRAND RAPIDS, MI 49501

SUBJECT: LAKE MICHIGAN CREDIT UNION
Ref. Number: W15000040512

We have received your document for LAKE MICHIGAN CREDIT UNION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter ✓ to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

The document must contain both the street address of the principal office and the mailing address of the entity.

A certificate of existence or a certificate of good standing, dated no more than 90 ✓ days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 415A00012203



Division of Corporations
Maryanne Dickey, Regulatory Specialist II
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Maryanne,

Please see enclosed Certificate from our State and approval for use of "Credit Union" from the Florida Office of Financial Regulation. We believe this completes the required documents. We are in a bit of a rush (isn't everyone 😊) to open our mortgage office. If possible, could you let me know when we are approved so we aren't necessarily waiting for mailed confirmation? Thank you very much, please contact me with any questions.

Regards,

A handwritten signature in black ink, appearing to read "J. Kossen", written over a circular stamp.

Jeremiah Kossen
VP of Operations
LMCU
616 234-6359
Jeremiah.kossen@lmcu.org



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2015

JEREMIAH KOSSEN
LAKE MICHIGAN CREDIT UNION
P.O. BOX 2848
GRAND RAPIDS, MI 49501

SUBJECT: LAKE MICHIGAN CREDIT UNION
Ref. Number: W15000040512

We have received your document for LAKE MICHIGAN CREDIT UNION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The form you submitted is for a NON PROFIT, but your entity is a PROFIT. Please complete and return the enclosed blank form(s).

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 415A00012203



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR
COMMISSIONER

June 23, 2015

Mr. Jeremiah Kossen
PO Box 2848
Grand Rapids, MI 49501

Re: Lake Michigan Credit Union

Dear Ms. Kossen:

Reference is made to your recent letter requesting approval to register the above-referenced fictitious name with the Florida Secretary of State by Lake Michigan Credit Union, which is a Michigan state-chartered credit union located in Grand Rapids, Michigan.

Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name. Therefore, this Office will not object to the use of the above referenced name being registered to transact business in the state of Florida. However, this correspondence is not intended to grant the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

M. Barry Gilman
Director
Division of Financial Institutions

BG:dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

15 JUL 16 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Lake Michigan Credit Union

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan

(State or country under the law of which it is incorporated)

3. 38-1215360

(FEI number, if applicable)

4. 10/18/1933

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5540 Glenwood Hills Parkway, Grand Rapids, MI 49512

(Principal office address)

PO Box 2848, Grand Rapids, MI 49501

(Current mailing address)

8. Credit Union/Banking

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Jack E. Kiker, III, Esq.**

Office Address: **2010 Delta Blvd.**

Tallahassee

(City)

Florida **32303**

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 16 AM 11:07

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Grethen Tellman

Address: PO Box 2848
Grand Rapids, MI 49501

Vice Chairman: Ken Larsen

Address: PO Box 2848
Grand Rapids, MI 49501

Director: Bob Partridge

Address: PO Box 2848
Grand Rapids, MI 49501

Director: Bob White

Address: PO Box 2848
Grand Rapids, MI 49501

SECRETARIAT OF STATE
TALLAHASSEE FLORIDA

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B. OFFICERS

President: Sandy Jelinski

Address: PO Box 2848
Grand Rapids, MI 49501

Vice President: Jeremiah Kossen

Address: PO Box 2848
Grand Rapids, MI 49501

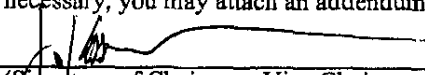
Secretary: Barb Fischer

Address: PO Box 2848, Grand Rapids, MI 49501

Treasurer: Dave Bardolph

Address: PO Box 2848, Grand Rapids, MI 49501

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeremiah Kossen, VP of Operations
(Typed or printed name and capacity of person signing application)

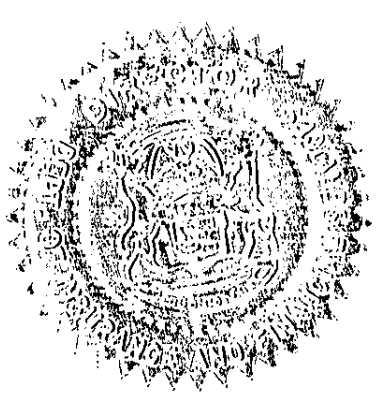
STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
LANSING, MICHIGAN

I, John J. Kolhoff, Deputy Director of the Department of Insurance and Financial Services, State of Michigan, do hereby certify that the attached is a true and correct copy of the Certificate of Organization with Amendments for

15 JUL 16 11:11:07
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SECRETARY OF STATE
TALAHASSEE FLORIDA

Lake Michigan Credit Union

headquartered in the City of Grand Rapids, County of Kent, State of Michigan, pursuant to the documentation now on file in the Department of Insurance and Financial Services.



SIGNED AND SEALED this 28th day of
May, 2015, at Lansing, Michigan.

Handwritten signature of John J. Kolhoff in cursive script.

John J. Kolhoff
Deputy Director