

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003097

**Entity Name:** LAKE MICHIGAN CREDIT UNION

**Current Principal Place of Business:**

5540 GLENWOOD HILLS PKWY.  
GRAND RAPIDS, MI 49512

**Current Mailing Address:**

P.O. BOX 2848  
GRAND RAPIDS, MI 49501

**FEI Number:** 38-1215360

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIKER, JACK E III,ESQ  
2010 DELTA BLVD.  
TALLAHASSEE, FL 32303 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            CHRM  
Name            TELLMAN, GRETHEN  
Address        P.O. BOX 2848  
City-State-Zip: GRAND RAPIDS MI 49501

Title            CEO  
Name            JELINSKI, SANDY  
Address        P.O. BOX 2848  
City-State-Zip: GRAND RAPIDS MI 49501

Title            CFO  
Name            DANN, PETER  
Address        P.O. BOX 2848  
City-State-Zip: GRAND RAPIDS MI 49501

Title            DIRECTOR OF EXECUTIVE OFFICE  
Name            RAFFA, KAYLEE  
Address        P.O. BOX 2848  
City-State-Zip: GRAND RAPIDS MI 49501

Title            DIRECTOR  
Name            BARDOLPH, DAVE  
Address        P.O. BOX 2848  
City-State-Zip: GRAND RAPIDS MI 49501

Title            DIRECTOR  
Name            BOB, WHITE  
Address        P.O. BOX 2848  
City-State-Zip: GRAND RAPIDS MI 49501

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAYLEE RAFFA

**DIRECTOR OF  
EXECUTIVE OFFICE**

**03/08/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date