

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02201

**Entity Name:** EVANGELICAL LUTHERAN SYNOD, INC.

**Current Principal Place of Business:**

6 BROWNS COURT  
MANKATO, MN 56001-6121

**Current Mailing Address:**

6 BROWNS COURT  
MANKATO, MN 56001-6121 US

**FEI Number:** 23-7181739

**Certificate of Status Desired:** No

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

LUTTMAN, MATTHEW  
5140 WINDJAMMER LN  
VERO BEACH, FL 32966 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:** MATTHEW LUTTMAN

01/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            OBENBERGER, GLENN R  
Address        6 BROWNS COURT  
City-State-Zip: MANKATO MN 56001

Title            SECRETARY, DIRECTOR  
Name            FERKENSTAD, REV. CRAIG A  
Address        208 FOXFIRE DR  
City-State-Zip: MANKATO MN 56001

Title            DIRECTOR  
Name            EWERT, DAVID  
Address        213 AMBER COURT  
City-State-Zip: MANKATO MN 56001

Title            DIRECTOR  
Name            BEHR, DENNIS  
Address        3025 WAUBESA AVE  
City-State-Zip: MADISON WI 53711

Title            VP  
Name            SMITH, REV MICHAEL  
Address        3219 DIAMOND STREET  
City-State-Zip: AMES IA 50010-8414

Title            DIRECTOR  
Name            MADSON, REV. JONATHAN  
Address        N50 W35209 E WISCONSIN AVE  
City-State-Zip: OCONOMOWOC WI 53066

Title            DIRECTOR  
Name            MIELBRECHT, PAUL  
Address        13119 231ST ST E  
City-State-Zip: GRAHAM WA 98338

Title            DIRECTOR  
Name            LEPAK, REV. PHILLIP  
Address        PO BOX 188  
City-State-Zip: HARTLAND MN 56042-0188

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*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:** MYRNA KAY MEUNIER

**BUSINESS  
ADMINISTRATOR**

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PEDERSEN, JT  
Address 9390 FOXFORD RD  
City-State-Zip: CHANHASSEN MN 55317

Title DIRECTOR  
Name VAN KAMPEN, REV PIET  
Address 520 N FISK ST  
City-State-Zip: GREEN BAY WI 54303

Title BUSINESS ADMINISTRATOR  
Name MEUNIER, MYRNA KAY  
Address 6 BROWNS COURT  
City-State-Zip: MANKATO MN 56001