

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 7/18/2024 12:23 PM EST

Confirmation Number: 13474

Amended Confirmation Number:

Employer Information

Name: Lacks Enterprises, Inc  
Address: 5460 Cascade Rd SE  
City: Grand Rapids  
State: MI  
Zip Code: 49546

Plan Administrator Information

Name: Michael Clover  
Address: 5460 Cascade Rd SE  
City: Grand Rapids  
State: MI  
Zip Code: 49546  
Phone: 6169567215  
Email: m.clover@lacksenterprises.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Lacks Enterprises Non-Qualified Employer Funded Plan	Number of Employees: 74
------	------------	---	----------------------------

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 13474. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.