

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

Date Completed: 11/27/2024 12:10 PM EST

Confirmation Number: 14065

Amended Confirmation Number:

Employer Information

Name: Michigan First Credit Union
Address: 27000 Evergreen Rd
City: Lathrup Village
State: MI
Zip Code: 48076

Plan Administrator Information

Name: Chairperson
Address: 27000 Evergreen Rd
City: Lathrup Village
State: MI
Zip Code: 48076
Phone: 2484434600
Email: jborowy@michiganfirst.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:	Edwards Supplemental Compensation Benefit Agreement	Number of Employees: 1
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Additional Information:

No additional information to provide



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 14065. 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.