

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

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Confirmation Number: 14853

Amended Confirmation Number:

Employer Information

Name: PFCU Credit Union
Address: 9077 Charlotte Highway
City: Portland
State: MI
Zip Code: 48875

Plan Administrator Information

Name: PFCU Credit Union Board of Directors
Address: 9077 Charlotte Highway
City: Portland
State: MI
Zip Code: 48875
Phone: 8445173611
Email: michele@pfcu4me.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:	Tammy Bengel Supplemental Compensation Benefit Agreement effective January 1, 2025	Number of Employees: 1
ID:2	Plan Name:	Theresa Burgess Supplemental Compensation Benefit Agreement effective January 1, 2025	Number of Employees: 1
ID:3	Plan Name:	LeAnne Hixson Supplemental Compensation Benefit Agreement effective January 1, 2025	Number of Employees: 1
ID:4	Plan Name:	Sean Krebs Supplemental Compensation Benefit Agreement effective January 1, 2025	Number of Employees: 1
ID:5	Plan Name:	Michele Makley Supplemental Compensation Benefit Agreement effective January 1, 2025	Number of Employees: 1
ID:6	Plan Name:	Heather Spitzley Supplemental Compensation Benefit Agreement effective January 1, 2025	Number of Employees: 1
ID:7	Plan Name:	Gursimran Virk Supplemental Compensation Benefit Agreement effective January 1, 2025	Number of Employees: 1
ID:8	Plan Name:	Jana Dowd Supplemental Compensation Benefit Agreement effective March 21, 2025	Number of Employees: 1
ID:9	Plan Name:	Robyn Heron Supplemental Compensation Benefit Agreement effective March 18, 2025	Number of Employees: 1
ID:10	Plan Name:	Fawn Morris Supplemental Compensation Benefit Agreement effective March 17, 2025	Number of Employees: 1

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 14853. 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.