



Form Revision Date 07/2016

## ANNUAL REPORT

For use by DOMESTIC NONPROFIT CORPORATION

(Required by Section 911, Act 162, Public Act of 1982)

The identification number assigned by the Bureau is: 800845861

Annual Report Filing Year: 2022

1. Corporation Name:  
WESTLUND GUIDANCE CLINIC

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: DEAN EMERSON

2. Street Address: 203 S WASHINGTON AVENUE

Apt/Suite/Other: SUITE 310

City: SAGINAW

State: MI Zip Code: 48601

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 203 N WASHINGTON AVE

Apt/Suite/Other: SUITE 310

City: SAGINAW

State: MI Zip Code: 48607

5. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	JOHN DUNN	2306 HESS AVE, SAGINAW, MI 48601 USA
TREASURER	DONNA GREEN	203 S WASHINGTON AVENUE, SUITE 350, SAGINAW, MI 48607 USA
SECRETARY	DONNA GREEN	203 S. WASHINGTON AVE., STE 350, SAGINAW, MI 48607 USA
DIRECTOR	YOLANDA BELLINGER	203 S. WASHINGTON AVE, SAGINAW, MI 48607 USA
DIRECTOR	DEAN EMERSON	203 S WASHINGTON AVENUE, SUITE 350, SAGINAW, MI 48607 USA
DIRECTOR	KIM JOHNSON	7400 BAY RD, UNIVERSITY CENTER, SAGINAW, MI 48710 USA
DIRECTOR	BRITTANY JEFFERS	612 FEDERAL AVE, SAGINAW, MI 48607 USA

6. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:

WESTLUND GUIDANCE CLINIC PROVIDES COUNSELING SERVICES TO INDIVIDUALS AGES THREE AND UP. OUR ENGAGING AND CARING STAFF ARE ABLE TO WORK WITH INDIVIDUALS, FAMILIES, COUPLES, AND GROUPS. WE AIM TO SUPPORT THE RECOVERY, HEALTH, AND WELL-

BEING OF YOU OR YOUR FAMILY, WHILE ENHANCING YOUR QUALITY OF LIFE AND REDUCING SYMPTOMS AND NEEDS.

?

OUR MASTER LEVEL CLINICIANS CAN ASSIST WITH SYMPTOMS OF DEPRESSION, ANXIETY, TRAUMA, BEHAVIORAL ISSUES, SUBSTANCE USE, BIPOLAR DISORDER, EATING DISORDERS, PERSONALITY DISORDERS, FAMILY CONFLICT, DIVORCE ADJUSTMENT, AND MORE. LET OUR EXPERIENCED AND FRIENDLY STAFF HELP YOU REACH YOUR GOALS.

Signed this 13th Day of October, 2022 by:

Signature	Title	Title if "Other" was selected
Donna Green	Other	Chief Financial Officer

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** 2022 ANNUAL REPORT

***for***

WESTLUND GUIDANCE CLINIC

***ID Number:*** 800845861

***received by electronic transmission on*** October 13, 2022 ***, is hereby endorsed.***

***Filed on*** October 13, 2022 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of October, 2022.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***