

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
NONPROFIT CORPORATION ANNUAL REPORT

2021



Due October 1, 2021 File Online at [www.michigan.gov/corpfileonline](http://www.michigan.gov/corpfileonline)

Identification Number <b>800861649</b>	Corporation name <b>KELSEY-WILEY POST NO. 2292, VETERANS OF FOREIGN WARS, MEMORIAL BUILDING ASSOCIATION</b>
Resident agent name and mailing address of the registered office  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>ROLLIN HAAG JR</b> 1490 E. M-46 EDMORE, MI 48829</p> </div> <div style="width: 45%; text-align: center;"> <p><b>FILED</b> <b>SEP 27 2021</b> <b>CORPORATIONS DIVISION</b></p> </div> <div style="width: 45%; text-align: right;"> <p><b>RECEIVED</b> <b>SEP 16 2021</b> LARA \$20.00</p> </div> </div>	
The address of the registered office  <b>1490 E. M-46</b> <b>EDMORE, MI 48829</b>	The address of the registered office  <b>1490 E. M-46</b> <b>EDMORE, MI 48829</b>

To certify there are **NO CHANGES** from the previously filed report, check this box and **PROCEED TO ITEM 6** for signature. No other sections can be completed if box is checked

1 Mailing address of registered office in Michigan if changed (may be a P O Box)	2 Resident Agent if changed
3 The address of the registered office in Michigan if changed (a P O Box may not be designated as the address of the registered office)	
4 The purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report	
5 <b>NAME and BUSINESS OR RESIDENCE ADDRESS</b> (Print legible and complete names and addresses)	
	President
If different than President	Secretary
	Treasurer
If the corporation is a private foundation or formed to provide care to a dentally underserved population, check the following box. If box is checked the board shall consist of 1 or more directors. The board of all other corporations shall consist of 3 or more directors <input style="float: right;" type="checkbox"/>	
Required Director(s)	Director
	Director
	Director
6. Signature of authorized officer or agent <i>X Allen W Rasmussen</i>	Title <i>Quartermaster</i>
	Date <i>9-13-2021</i>
	Phone (Optional) <i>989-427-5884</i>

**FILE ONLINE AND SAVE** time by going to [www.michigan.gov/corpfileonline](http://www.michigan.gov/corpfileonline). You will get an immediate response and you can elect to receive future notices by email to the resident agent. The agent will also be sent an email when a document is filed or a CID/PIN is requested

**Report due October 1, 2021.**  
**Filing Fee \$20.00.**

or mail your completed report with a check or money order payable to the State of Michigan, return to  
Corporations Division  
P O Box 30767  
Lansing, MI 48909  
(517) 241-6470