

## Application for All Other Regulatory Approvals

Requests for regulatory approval(s), not addressed in the other established forms, are to be made in accordance with the requirements below and are subject to the applicable sections of the Michigan Credit Union Act of 2003 (MCUA).

**The information contained on this form is available for public inspection, examination, or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq.**

### Credit Union Information

Name of Credit Union			
Street Address		City, Village or Township	
County		State	Zip Code
Name of Liaison	Title of Liaison	Telephone Number	
Email Address			

Type of Activity Requested:	<input type="checkbox"/>	Apply for an assumed name	<input type="checkbox"/>	Change the credit union's name
	<input type="checkbox"/>	Apply for a waiver to the MCUA	<input type="checkbox"/>	Apply for additional powers
	<input type="checkbox"/>	Change principal location		
	<input type="checkbox"/>	Other: _____		

Please summarize your request below:

Signature of Person(s) Authorized to Submit this Application:

Signature	Name and Title
Signature	Name and Title

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**The following information will be utilized to examine the safety and soundness of the request and is provided subject to Section 207 of the Michigan Credit Union Act of 2003; MCL 490.207. The information provided under this section will be kept confidential and privileged and is not subject to discovery or any request under the Freedom of Information Act, 1976 PA 442, MCL 15.231 et seq.**

Please provide the following information to evaluate the request as applicable:

- A copy of the resolution of the Board of Directors authorizing the proposed activity or change.
- An explanation as to how the proposed request will impact the credit union's safety and soundness.
- Documentation of the financial impact of the proposed request, such as a business plan, marketing plan, and/or pro forma financial projections.
- Any other relevant documents or information used by the Board of Directors to evaluate the request.

DIFS will not process a request without all of the necessary information contained in the packet. Complete responses will expedite processing of the application. The Director of DIFS will consider the application with respect to the general business of the credit union, the safety and soundness of the credit union, and any applicable state and federal statutes. The application must be filed with original signatures where applicable. The Director will issue a written decision on the application.

The application should be mailed to:

**DIFS OFFICE OF CREDIT UNIONS  
ATTENTION: CORPORATE ACTIVITIES AND RISK ASSESSMENT  
P.O. BOX 30220  
LANSING, MI 48909-7720**

Or fax to: **517-284-8846**

Or email to: [DIFS-OCU@michigan.gov](mailto:DIFS-OCU@michigan.gov)

The application may be sent via email provided it is encrypted and secure. Any questions pertaining to the completion of this application should be directed to Corporate Activities and Risk Assessment, telephone 517-284-8822.

*Authorized by PA 215 of 2003, as amended.*



**Michigan Department of Insurance and Financial Services**

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