FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
OMB Number: 3235-01									
Estimated average burden									
hours per response	2: 0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Rhodes Thomas Wayne			Date of Event equiring Staten Month/Day/Year 4/18/2012									
(Last) (First) (Middle) 2801 EAST BELTLINE NE		(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner		- 1	5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) GRAND RAPIDS (City)	MI (State)	49525 (Zip)				Officer (give title below)	Other (spe below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	nd 3. Title and Amount of Secur Underlying Derivative Securi		ity (Instr. 4) Conve		ise Form		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Price of Derivativ Security		ot (D) direct nstr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Christina A. Holderman,

Attorney-in-Fact for Thomas 04/25/2012

W. Rhodes

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.