21-39264

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SA U.S. POST OFFICE DELAYED

SECTION 4(6) AND 400

SEC USE ONLY
Prefix Serial

Estimated average burden

hours per response . . . 16.00

OMB APPROVAL

3235-0076

May 31, 2002

OMB Number:

Expires:

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PURSUANT TO REPUBLIFIED

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

090109		f lesse	
Name of Offering (☐ check if	this is an amendment and name has changed, and ir	ndicate change.)	\$
Mercantile Bank Corporation 2001 I	Private Offering of Common Stock		·····
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	7/ 7 / 6 57	DE 、
Type of Filing: New Filing	☐ Amendment	4 LIAN 2 2 5005	•
	A. BASIC IDENTIFICATION DATA	W. 75.	
1. Enter the information requested		90	
	is is an amendment and name has changed, and indic	cate change.)	•
Mercantile Bank Corporation		Tar 1 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 2 2	
Address of Executive Offices 5650 Byron Center Avenue SW, Wyomi	(Number and Street, City, State, Zip Code) ng, Michigan 49509	Telephone Number (Includ 616-406-3700	ing Area Code)
Address of Principal Business Op (if different from Executive Offic	perations (Number and Street, City, State, Zip Code) es)	Telephone Number (Includ	35000000
Brief Description of Business		<del></del>	PHOUESSE.
Bank holding company			JAN 3 1 2002
Type of Business Organization			THOMSON
🛛 corporation	☐ limited partnership, already formed	☐ other (please specify):	FINANCIAL
☐ business trust	☐ limited partnership, to be formed	(promot opens,),	
Actual or Estimated Date of Inc Jurisdiction of Incorporation or C	orporation or Organization:  Month Year 0 7 9 7  Organization: (Enter two-letter U.S. Postal Service ab CN for Canada; FN for other foreign	l-	ā[I]

### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Burton, Betty S. Business or Residence Address (Number and Street, City, State, Zip Code) Wonderland Business Forms, 1324 Lake Drive SE, Suite 2, Grand Rapids, MI 49506 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Cassard, David M. Business or Residence Address (Number and Street, City, State, Zip Code) Waters Corporation, Waters Building, 161 Ottawa NW, #104, Grand Rapids, MI 49504-4499 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Clark, Edward J. Business or Residence Address (Number and Street, City, State, Zip Code) American Seating Company, 401 American Seating Center NW, Grand Rapids, MI 49504-4499 ☑ Director General and/or Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) Cordes Peter A Business or Residence Address (Number and Street, City, State, Zip Code) GWI Engineering Inc., 1411 Michigan NE, Grand Rapids, MI 49505 Check Box(es) that Apply: ☑ Promoter ☐ Executive Officer ☐ Beneficial Owner ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gill, C. John Business or Residence Address (Number and Street, City, State, Zip Code) 4174 Winterwood Ct., NE, Grand Rapids, MI 49546 ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Hayes, Doyle A. (Number and Street, City, State, Zip Code) Business or Residence Address Pyper Products Corporation, 70 Buckner Drive, Battle Creek, MI 48015 Check Box(es) that Apply: □ Promoter □ Director ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) Hecht, David M. Business or Residence Address (Number and Street, City, State, Zip Code) RDV Corporation, 126 Ottawa Avenue, #500, Grand Rapids, MI 49503

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five ye	ears;	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or dispose, securities of the issuer;</li> </ul>	position of, 10%	% or more of a class of equity
Each executive officer and director of corporate issuers and of corporate general and ma	anaging partners	s of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		
Check Box(es) that Apply:  ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Gerald R. Johnson, Jr.		
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>	
Mercantile Bank Corporation, 5650 Byron Center Ave. SW, Wyoming, MI 48509		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Jones, Susan K.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Susan K. Jones & Associates, 261 Plymouth SE, E. Grand Rapids, MI 49506		
Check Box(es) that Apply:  ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Larsen, Lawrence W		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Central Industrial Supply, 2916 Walkent NW, Walker, MI 49504		
Check Box(es) that Apply:   ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Murdock, Calvin D.		
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>	
SF Electronics, 1200 Monroe NW, Grand Rapids, MI 49505		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Price, Michael H.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Mercantile Bank Corporation, 5650 Byron Center Ave. SW, Wyoming, MI 49509		
Check Box(es) that Apply:   ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Visser, Dale J.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Visser Brothers, Inc., 1946 Turner NW, Grand Rapids, MI 49504	·	
Check Box(es) that Apply:	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Williams, Donald, Sr.		······································
Business or Residence Address (Number and Street, City, State, Zip Code)		
Grand Valley State University, Dean & Director, Minority Affairs Multicultural Center, Allendale, N		
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#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Wynalda, Robert M. Business or Residence Address (Number and Street, City, State, Zip Code) Wynalda Litho, 8221 Graphic Industrial Park NE, Rockford, MI 49341 ■ Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Kaminski, Robert B. Business or Residence Address (Number and Street, City, State, Zip Code) Mercantile Bank Corporation, 5650 Byron Center Ave. SW, Wyoming, MI 49509 ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ■ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Christmas, Charles E (Number and Street, City, State, Zip Code) Business or Residence Address Mercantile Bank Corporation, 5650 Byron Center Ave. SW, Wyoming, MI 49509 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Director ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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``				B. IN	NFORMA	TION A	BOUT O	FFERIN	G				
I. Has t	he issuer s	sold, or do	es the issue	er intend t	o sell, to n	on-accred	ited invest	ors in this	offering?			Yes	No <b>⊠</b>
			Ans	wer also i	n Appendi	x, Column	2, if filin	g under U	LOE.				
2. What	is the min	nimum inve	estment tha	at will be a	accepted fr	om any in	dividual? .				\$ 2	20,000.0	0
3. Does	the offerin	ng permit j	oint owner	ship of a s	single unit	?	<i>,</i>					Yes	No
		nation requ										_	_
sion o to be list th	or similar r listed is an ne name of	emuneration associate the brokes may set fo	en for solici ed person o r or dealer.	itation of p or agent of . If more t	ourchasers i a broker o han five (5	in connecti or dealer re 5) persons	on with sal gistered w to be listed	les of secur ith the SE d are assoc	rities in the C and/or v	offering. I with a state	If a person or states,		
Full Name	(Last nam	ne first, if i	ndividual)	)									
None													
Business o	r Residenc	ee Address	(Number	and Street	, City, Sta	te, Zip Co	de)						
Name of A	ssociated	Broker or	Dealer										
States in V	Vhich Pers	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	isers						
(Check'	'All States'	" or check	individual	States)							<i>.</i> [	□ All S	tates
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[ RI ]	[ SC ]	[ SD ]	[ TN ]	[ TX ]	[ UT ]	[ VT ]	[ VA ]	[ WA ]	[ WV ]	[ WI ]	[ WY ]	[PR	]
Full Name	(Last nam	ne first, if i	individual)										
Business o	r Residenc	ce Address	(Number	and Street	, City, Sta	te, Zip Coo	ie)						
Name of A	ssociated	Broker or	Dealer										
States in V	Vhich Pers	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	isers			<del></del>			
(Check '	'All States'	" or check	individual	States)				,			1	□ All S	tates
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Business o	r Residenc	ce Address	(Number	and Street	, City, Sta	te, Zip Coo	de)					<del></del>	
						<del>.</del>							
Name of A	ssociated	Broker or	Dealer										
States in V	Vhich Pers	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	ısers				<u></u>		
		" or check								• • • • • • • • •	1	□ All S	States
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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<b>1</b> .	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	C	Aggregate  offering Price	Ar	nount Already Sold
	Debt	\$_	0.00	\$_	0.00
	Equity	\$_	3,168,000.00	\$_	3,168,000.00
	□ Preferred				
	Convertible Securities (including warrants)	\$_	0.00	\$_	0.00
	Partnership Interests	\$_	0.00	\$_	0.00
	Other (Specify)	\$_	0.00	\$_	0.00
	Total	\$_	3,168,000.00	\$_	3,168,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	_	Aggregate Pollar Amount of Purchases
	Accredited Investors	_	11	\$_	3,168,000.00
	Non-accredited Investors	_	0	\$_	0.00
	Total (for filings under Rule 504 only)	_	11	\$_	3,168,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Tuna of	D.	llar Amanus
	Type of offering		Type of Security	DC	ollar Amount Sold
	Rule 505	_		\$_	·
	Regulation A	_		\$_	
	Rule 504	_		\$_	
	Total	_		\$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		⊠	\$_	2,500.00
	Printing and Engraving Costs		🛮	\$_	0.00
	Legal Fees		🛭	\$_	20,000.00
	Accounting Fees			\$_	500.00
	Engineering Fees			\$_	0.00
	Sales Commissions (specify finders' fees separately)		🗆	\$_	0.00
	Other Expenses (identify)		⊠	\$_	0.00
	Total		🖾	\$.	23,000.00

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND	USE (	OF PROC	EEDS			
	o. Enter the difference between the aggregate offer ion 1 and total expenses furnished in response to Padjusted gross proceeds to the issuer."	art C • Question 4.a. This difference i	13 1110				<b>\$_</b>	3,145,000.00
,	ndicate below the amount of the adjusted gross pro- used for each of the purposes shown. If the amoun estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in	t for any purpose is not known, furni . The total of the payments listed must	sh an equal					
				Paymen Office Director Affilia	rs, s, &		I	Payments To Others
	Salaries and fees		× s	S	0.00	$\boxtimes$	\$_	0.00
	Purchase of real estate		<b>×</b> 5	ò	0.00	×	\$_	0.00
	Purchase, rental or leasing and installation of ma	achinery and equipment	$\boxtimes$	S	0.00	×	\$_	0.00
	Construction or leasing of plant buildings and fac	cilities	$\boxtimes$	S	0.00	×	<b>\$</b> _	0.00
	Acquisition of other businesses (including the va offering that may be used in exchange for the as issuer pursuant to a merger)	alue of securities involved in this						0.00
	Repayment of indebtedness							0.00
	Working capital							0.00
	Other (specify):			S				0.00
	Investments in banking subsidiary to increase capita							
			⊠ 5	S	0.00	$\boxtimes$	\$_	3,145,000.00
	Column Totals					×	\$_	3,145,000.00
	Total Payments Listed (column totals added)				\$			
		D. FEDERAL SIGNATURE		<u></u>				
	L	D. FEDERAL SIGNATURE		<u> </u>				
foll	issuer has duly caused this notice to be signed by to owing signature constitutes an undertaking by the is st of its staff, the information furnished by the issu	suer to furnish to the U.S. Securities a	nd Ex	change Co	mmiss	ion.	, up	on written re-
Issu	uer (Print or Type)	Signature			Date			
Me	cantile Bank Corporation	Mary			Decen	iber	27,	2001
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
Ger	ald R. Johnson, Jr.	Chairman of the Board and Chief Executi	ve Of	ficer				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)