



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 11, 2025

Valarie McKinnon  
Lake Michigan Senior Living LLC  
4895 S Lakeshore Dr  
Ludington, MI 49431

RE: License #: AS530415045  
**LMSL Building 3**  
**4883 S Lakeshore Dr**  
**Ludington, MI 49431**

Dear Valarie McKinnon:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS530415045
<b>Licensee Name:</b>	Lake Michigan Senior Living LLC
<b>Licensee Address:</b>	4895 S Lakeshore Dr Ludington, MI 49431
<b>Licensee Telephone #:</b>	(231) 843-9963
<b>Licensee Designee:</b>	Valarie McKinnon
<b>Administrator:</b>	Valarie McKinnon
<b>Name of Facility:</b>	LMSL Building 3
<b>Facility Address:</b>	4883 S Lakeshore Dr Ludington, MI 49431
<b>Facility Telephone #:</b>	(231) 843-9963
<b>Original Issuance Date:</b>	02/03/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/10/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 04/24/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On July 10, 2025, I conducted an exit conference with Licensee Designee Valarie McKinnon. I explained my finding as noted above. Ms. McKinnon noted that she understood the finding, and had no additional information to provide, nor any additional questions to ask, concerning this renewal inspection.

#### **IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



July 11, 2025

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Bruce A. Messer  
Licensing Consultant

Date