

INDEPENDENT BANK CORP /MI/
Form 3
April 26, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â MORSE DEAN M		(Month/Day/Year)	INDEPENDENT BANK CORP /MI/ [IBCP]	
(Last)	(First)	(Middle)	04/24/2007	
230 WEST MAIN STREET			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
IONIA,Â MIÂ 488461655			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Senior Vice President	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,846	D	Â
Common Stock	3,746	I	By ESOP

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

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	---	---	---

Edgar Filing: INDEPENDENT BANK CORP /MI/ - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to buy) 11/05	11/15/2005	11/15/2015	Common Stock	1,022.7	\$ 26.97	D	Â
Employee Stock Option (Right to buy) 11/05	11/15/2005	11/15/2015	Common Stock	1,602.3	\$ 26.97	D	Â
Employee Stock Option (Right to buy) 4/02	04/16/2003	04/16/2012	Common Stock	6,045.41	\$ 15.44	D	Â
Employee Stock Option (Right to buy) 4/03	04/17/2004	04/17/2013	Common Stock	3,031.88	\$ 17.43	D	Â
Employee Stock Option (Right to buy) 4/04	12/31/2004	04/23/2014	Common Stock	1,990.01	\$ 23.69	D	Â
Employee Stock Option (Right to buy) 4/04	12/31/2004	04/23/2014	Common Stock	766.24	\$ 23.69	D	Â
Employee Stock Option (Right to buy) 4/05	05/31/2005	04/26/2015	Common Stock	2,756.25	\$ 25.02	D	Â
Employee Stock Option (Right to buy) rel 502	05/13/2003	04/17/2011	Common Stock	408.76	\$ 16.18	D	Â
Employee Stock Option (Right to buy) rel 502	05/13/2003	04/17/2011	Common Stock	3,315.9	\$ 16.18	D	Â
Employee Stock Option (Right to buy) rel 502b	05/13/2003	04/18/2010	Common Stock	2,303.56	\$ 16.18	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MORSE DEAN M 230 WEST MAIN STREET IONIA, MI 488461655	Â	Â	Â Senior Vice President	Â

Signatures

/s/ Morse, Dean
M. 04/26/2007

**Signature of Reporting Person Date

Explanation of Responses:

* 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.

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