

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer MyMichigan Medical Center - Alma		b. Tel. No.
		c. Cell No. [REDACTED]
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 300 East Warwick Dr. Alma, MI 48801	e. Employer Representative Danielle Davidson	g. e-mail danielle.davidson@mymichigan.org
		h. Number of workers employed 175
i. Type of Establishment (factory, mine, wholesaler, etc.) acute care hospital	j. Identify principal product or service healthcare	

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**  
About May 1, 2026, and May 28, 2026, the employer threatened to rescind or reduce proposals it had made during collective bargaining with the Michigan Nurses Association (MNA), in the event the employees in the bargaining unit engaged in protected union activity.  
  
About June 20, 2026, by direct written communication with the MNA represented bargaining unit employees, the employer threatened them by stating that if they engaged in protected union activity, significant wage enhancements will be taken off of the bargaining table by the employer, and when bargaining resumes, the employer's economic proposal would be reduced.

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**  
Michigan Nurses Association

4a. Address (Street and number, city, state, and ZIP code) 2310 Jolly Oak Rd. Okemos MI 48864	4b. Tel. No. 517-349-5640
	4c. Cell No.
	4d. Fax No.
	4e. e-mail

**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**  
National Nurses United, AFL-CIO

**6. DECLARATION**

I declare that I have read the above charge and that the statements of my knowledge and belief.

[REDACTED]  
*(signature of representative or person making charge)*

[REDACTED]  
*(Print/type name and title or office, if any)*

Tel. No. [REDACTED]
Office, if any, Cell No. [REDACTED]
Fax No.
e-mail [REDACTED]

Address 2310 Jolly Oak Rd. Okemos, MI 48864

Date June 23, 2026

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 89 FR 24869 (April 9, 2024). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.