STATE OF MICHIGAN 54B JUDICIAL DISTRICT 30L JUDICIAL CIRCUIT	COMPLAINT FELONY	DISTRICT: CIRCUIT: CTN: 97-26900504-01 AGHC #: 2025-0436894

District Court ORI: **MI330065J**
101 Linden Street East Lansing, MI 48823
517-351-7000

Circuit Court ORI: **MI330055J**
313 W. Kalamazoo P.O. Box 40771 Lansing, MI 48901
517-483-6500

AGHC ORI: **MI330035A**

THE PEOPLE OF THE STATE OF MICHIGAN

V

Defendant's name and address
JOHN ANTHONY KEMPAINEN
[redacted]
OAK PARK, MI [redacted]

Victim or complainant
STATE OF MICHIGAN

Complaining Witness
SA RON SKARZNSKI

Co-defendant(s) (If known)

Date: On or about
01/2023 THROUGH 06/2025

City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID
Lansing	**INGHAM**		**97-26900504-01**	**4440232L**

Defendant DOB	Defendant DLN	DLN Type:	Vehicle Type	Defendant Sex	Defendant Race
Put DOB in Ref. No. row 1 on MC 97	**Put DLN in Ref. No. row 3 on MC 97**	**Oper./Chauf**		**M**	**W**

Police agency report no.	Charge	Maximum penalty
HC 2025-0436894	**See below**	**See below**

[ ] A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.

Witnesses: State of Michaign SA Ron Skarznski

STATE OF MICHIGAN, COUNTY OF INGHAM

The complaining witness says that on the date and at , the defendant, contrary to law,

COUNT 1: MEDICAID FRAUD - FALSE CLAIM – (SEE ATTACHED CHART)
did knowingly make, present, or cause to be made or presented to a state employee or officer a false claim under the social welfare act, being MCL 400.1 et seq; contrary to MCL 400.607(1). [400.6071]
FELONY: 4 Years and/or $50,000.00

COUNT 2: MEDICAID FRAUD - FALSE CLAIM – (SEE ATTACHED CHART)
did knowingly make, present, or cause to be made or presented to a state employee or officer a false claim under the social welfare act, being MCL 400.1 et seq; contrary to MCL 400.607(1). [400.6071]
FELONY: 4 Years and/or $50,000.00

COUNT 3: MEDICAID FRAUD - FALSE CLAIM - (SEE ATTACHED CHART)

did knowingly make, present, or cause to be made or presented to a state employee or officer a false claim under the social welfare act, being MCL 400.1 et seq; contrary to MCL 400.607(1). [400.6071]
FELONY: 4 Years and/or $50,000.00

COUNT 4: MEDICAID FRAUD - FALSE CLAIM - (SEE ATTACHED CHART)
did knowingly make, present, or cause to be made or presented to a state employee or officer a false claim under the social welfare act, being MCL 400.1 et seq; contrary to MCL 400.607(1). [400.6071]
FELONY: 4 Years and/or $50,000.00

COUNT 5: MEDICAID FRAUD - FALSE CLAIM - (SEE ATTACHED CHART)
did knowingly make, present, or cause to be made or presented to a state employee or officer a false claim under the social welfare act, being MCL 400.1 et seq; contrary to MCL 400.607(1). [400.6071]
FELONY: 4 Years and/or $50,000.00

COUNT 6: MEDICAID FRAUD - FALSE CLAIM - (SEE ATTACHED CHART)
did knowingly make, present, or cause to be made or presented to a state employee or officer a false claim under the social welfare act, being MCL 400.1 et seq; contrary to MCL 400.607(1). [400.6071]
FELONY: 4 Years and/or $50,000.00

COUNT	BENEFICIARY	DATE OF SERVICE	PROCEDURE CODE	STATUS MEDICAID
1	S. G-K	03/09/2025	H2015 Comprehensive community support services-per 15 minutes	PAID (Area Agency on Aging)
2	S. G-K	03/26/2025	H2015 Comp comm supp svc-15	PAID (Area Agency on Aging)
3	S. G-K	04/25/2025	H2015 Comp comm supp svc-15	PAID (Area Agency on Aging)
4	S. G-K	05/16/2025	H2015 Comp comm supp svc-15	PAID (Area Agency on Aging)
5	S. G-K	05/30/2025	H2015 Comp comm supp svc-15	PAID (Area Agency on Aging)
6	S. G-K	06/10/2025	H2015 Comp comm supp svc-15	PAID (Area Agency on Aging)

Court shall order law enforcement to collect a DNA identification profiling sample before sentencing or disposition, if not taken at arrest.

The complaining witness asks that the defendant be apprehended and dealt with according to law.

Warrant authorized on 06/22/2026 by:
Date

Dennis Pheney, Jr (P48825)
Assistant Attorney General, Health Care Fraud Division
P.O. Box 30218, Lansing, MI 48909 (517) 241-6500

❑ Security for costs posted

I declare under the penalties of perjury that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Complaining Witness Signature

Date