1. Name and Address of Reporting Person Bartels, Jr, Robert E. Martin's Super Markets Martin's Super Markets P.O. Box 2709 South Bend, IN 46680 2. Date of Event Requiring Statement (Month/Day/Year) 12/10/2002
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Issuer Name and Ticker or Trading Symbol Lakeland Financial Corporation (LKFN)
5. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner () Officer (give title below) () Other (specify below)
6. If Amendment, Date of Original (Month/Day/Year)
7. Individual or Joint/Group Filing (Check Applicable Line) (X) Form filed by One Reporting Person () Form filed by More than One Reporting Person 12/10/2002

TABLE I -- Non-Derivative Securities Beneficially Owned

+	. +	+	+
1. Title of Security	2. Amount of	3. Ownership 4. Natur	e of Indirect Beneficial Ownership
	Securities	Form:	
	Beneficially Owned	Direct(D) or	
	1	Indirect(I)	
+	.+	+	+

TABLE II -- Derivative Securities Beneficially Owned

1.Title of Derivative Security 	<pre> 2.Date Exercisable 3.Title and Amount of Securities and Expiration Date Underlying Derivative (Month/Day/Year) Security</pre>			sion or	Form of Beneficial Ownership Derivative			
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	Deri-	Direct(D) on Indirect(I)		

Explanation of Responses:

SIGNATURE OF REPORTING PERSON /s/ Teresa A. Bartman, Attorney-in-fact

DATE 12/16/2002