LAKELAND FINANCIAL CORP
Form 3
December 16, 2002

1. Name and Address of Reporting Person
   Bartels, Jr, Robert E.
   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

TABLE I -- Non-Derivative Securities Beneficially Owned

| 1. Title of Security | 2. Amount of Securities Beneficially Owned | 3. Ownership Form: Direct(D) or Indirect(I) | 4. Nature of |
|---|---|---|---|

TABLE II -- Derivative Securities Beneficially Owned

| 1.Title of Derivative Security | 2.Date Exercisable and Expiration Date (Month/Day/Year) | | 3.Title and Amount of Securities Underlying Derivative Security | | 4.Conver- sion or Exercise Price of Deri- vative Security | 5.Own Form Deri Secu Dire Indi |
|---|---|---|---|---|---|---|
| | Date Exer- cisable | Expira- tion Date | Title | Amount or Number of Shares | | |

Explanation of Responses:

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

DATE
12/16/2002