FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burder	n hours					
per response	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person – BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol BLACKROCK MUNIYIELD MICHIGAN QUALITY FUND, INC. [MIY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorOfficer (give title below)Other (specify below)					
BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/18/2011											
(Street) CHARLOTTE, NC 28255				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person				
(City)		State)	(Zip)	Table I - Non-Derivative Securities Acou						quired, Disposed of, or	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Date, if	3. Transactio Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	Beneficial		
			(Month/Day/Year		Code	V	Amount	(A) or (D)	Price				Direct (D) Ownership or Indirect (I) (Instr. 4)		
Common Stock 0		01/18/2011	P		P		110	A	\$ 12.3	110			I	By Subsidiary	
Common Stock 01/18		01/18/2011			S		100	D	\$ 12.28	10		I	By Subsidiary		
Common Stock 01/18/2		01/18/2011			S		10	D	\$ 12.3	0			I	By Subsidiary	
Common Stock			01/26/2011			P		1,000	A	\$ 12.89	1,000			I	By Subsidiary
Common Stock 01/26/2011		01/26/2011			S		1,000	D	\$ 12.86	0			I	By Subsidiary	
Reminder: Report of	n a separate lin	e for each class of sec	curities beneficially	y owned dire	ctly or in	directly.	ln			to the c	collection of inform	-414-	in ad in Ahia	er.	26 1474 (0.02)
							form		equired t	to respo	and unless the form			56	CC 1474 (9-02)
			Table			rities Acquir					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on See (Month/Day/Year) Except	3A. Deemed Execution Date, if any (Month/Day/Year)	if Code De (Instr. 8) Se (A (D		A) or Disposed of		and Expiration Date		7. Ti	tle and Amount of erlying Securities r. 3 and 4)	Derivative Security (Instr. 5) Ben Own Foll	Securities Beneficially Owned Following	Ownersh Form of Derivativ Security: Direct (D	(Instr. 4)
				Code	v	(A) (I		Date Exercisable	Expiration Date	on Title	Amount or Number of Shares		Reported Transaction(s (Instr. 4)	or Indirect (I) (Instr. 4)	et

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BANK OF AMERICA CORP /DE/ BANK OF AMERICA CORPORATE CENTER 100 N. TRYON STREET CHARLOTTE, NC 28255		X				
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. 4 WORLD FINANCIAL CENTER NORTH TOWER NEW YORK, NY 10080		X				

Signatures

Bank of America Corporation, By: /s/ Beth Dorfman, Authorized Signatory	05/03/2011
**Signature of Reporting Person	Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Lawrence Emerson, Title: Attorney-In-Fact	05/03/2011
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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).

Remarks:

The transactions reported on this Form 4 were effected by Merrill Lynch, Pierce, Fenner & Smith Incorporated, an indirect, wholly owned subsidiary of Bank of America Corporation.

Disgorgement of profits, if applicable, based on transactions reported above is being made by the Reporting Persons to the Issuer.

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.